S. No. 2
OM—2-43
5-17-39
I X35597

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16161

Registration District No. FILED JUN 4 1943

Primary Registration District No. 1003

Registrar's No. 4660

1. PLACE OF DEATH:

(a) County St.Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2837a South 13th. St. / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 24

(a) State Mo. (b) County

(c) City or town St.Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2837a South 13th. St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alma M. Hager

3. (b) If veteran, name war No.

3. (c) Social Security No. 498-01-7717

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 29 (Day) 1891 (Year)

8. AGE: Years 51 Months 7 Days 18 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

FATHER
12. Name Albert Mauch
13. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Eliza Detzel
15. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Martha Detter

(b) Address 3112 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St.Marcus Cem.

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec

19. (a) MAY 19 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 7.00 minute A M.

21. I hereby certify that I attended the deceased from June 12 1942, 19, to 5-17, 1943 that I last saw her alive on 5-16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral regurgitation	yrs
Due to Chr Myocarditis	yrs
Due to Chr Interstitial Nephritis	yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo W Becker O (M. D. or other)

Address 3606 Gravois ave Date signed 5/19/43

(Licensed Embalmer's Statement on Reverse Side)

NAT OR BLDG

LA 2849

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by George N. Archambault, Registered Apprentice No. XXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.